U S- Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is manufatory under P L. 86-257 as arpended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only			
READ	HE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
E OLMS			
12.0		2 Fiscai Year Covered From	
1 File Number U //350			
		1 / 1 / 2005 Through 3	12 / 31 / 2005
3 Name and address of person filing		4 Name file number and address of labor organiz	zation
Name MICHAEL HENI	ERSON	Name TEAMSTERS LOCAL UNION NO	135
	_	Labor Organization File Number 009-836	
PO Box Bldg Room No if any		P O Box Building and Room Number if any	
Street 20253 E DANE RD		Street 1233 S SHELBY ST	
City MARSHALL		Chy INDIANAPOLIS	
State Illinois	 	State Indiana 2	ZIP Code + 4 46203
5 Position in labor organization BUSINESS	REPFESENTATIVE		
Enter appropriate data below if during the		use or minor child directly or indirectly had any of the islens set forth in the instructions)	e following interests
A Held an interest in engaged in transacti monetary value from an employer whose	i ons (including leans) with or employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represe	nL
6 Name and address of Employer (including tra	i de name if any) I	7 a Nature of Interest, Transaction or Income	
Name			
Trade Name If any			
PO Box, Bldg Room No if any			
		7 b Amount	
Street			
City			
State			
	IP Code + 4		
	<u> </u>	ature	
	Sign ined declares under penalty of from contained in any accompany	Perjury and other applicable penalties of the law thing documents) has been ax imined by the signator	

Date

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including tra	te name if any)	9 Business deals with	
Name			
Trade Name if any	1	a Labor Organization	
PO Box Bidg Room No Ifany		b Trust	
•	:	c Employer	
Street			
City			
State Z	IP Code +4		
10 If 9 b or 9 c is checked give trust or empk	yer's name	11 a Nature of such dealing	
Name			
Trade Name if any			
P Q Box Bldg Room No. If any			
Street		11 b Approximate dollar value of such dealing	
City		12.a Nature of interest held or income received	
State 2	IP Code + 4		
	1		
		12.b. Amount.	

	TRAINING FUND	REIMBURSED FOR EYPENSES FOR AN OSHA TRAINING CLASS IN JANUARY 2005
Trade Name if any PO Box Bidg Room No if any		
Street 1233 S SHELBY ST		
CRy INDIANAPOLIS		
State Indiana Z	 PCode+4 46203	

C. Received from any employer (other than an employer covered under parts A and B above)

Name of Person Filing	File Number U		File Number U
	Part C Continuation Page		
C Received from any employer (other than a payment of money or other thing of value	n employer covered under parts A	and B above) or from any lab	or relations consultant to an employer any
13 a Name and address of Employer or Labor trade name if any).	Relations Consultant (including	14 a Nature of payment	BUSINESS REPRESENTATIVE I WAS
Name INDIANA TEAMSTERS SAFETY	TRAINING FUND	REIMBURSED FOR AX	PENSES AN O S H A TRAINING
Trade Name if any			
P O Box Bldg Room No if any			
Street 1233 S SHELBY ST City INDIANAPOLIS			
	IP Code + 4 46203		
13 b is the Business an Employer	or Consultant	14 b Amount of payment	325 43
C Received from any employer (other than a payment of money or other thing of value	I n employer covered under parts A	and B above) or from any lab	or relations consultant to an employer any
13 a Name and address of Employer or Labor trade name if any).	Relations Consultant (including	14 a Nature of payment	
Name			
Trade Name if any			
PO Box Bldg Room No if any Street			
City			
State 2	P Code + 4		
13 b Is the Business an Employer	or Consultant 7	14 b Amount of payment	
C Received from any employer (other than a payment of money or other thing of value	n employer covered under parts A	and B above) or from any lab	or relations consultant to an employer any
13 a Name and address of Employer or Labor trade name if any).	Relations Consultant (including	14 a Nature of payment	
Name			
Trade Name if any			
PO Box Bldg Room No if any			
Street			
City	IIP Code + 4		
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment	
· · · ·		}	<u> </u>

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct and reportable occurrences for calendar year 2005 some items may have been unintentionally omitted. If, in the future, It comes to my attention that there is a matter, which should have been reported for calendar year 2005, I will file an amended Form LM-30

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Signature	Date